

Rosebud Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 01 December 2016. Our previous comprehensive inspection of this service took place on 01 December 2015 and a rating of 'Requires Improvement' was given overall. Breaches of regulations were identified during that inspection and we went back to review the action that had been taken these on 11 July 2016. We found that the provider had taken steps to ensure they were no longer in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rosebud Homecare Ltd is registered to provide personal care to people in their own homes. They provide care to a people in and around Milton Keynes with a range of support needs, including older people, people living with dementia and people living with learning disabilities. When we carried out this inspection there were 36 people receiving care from the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available during our inspection, however; we were able to speak with two other managers, with whom they worked closely to run the service.

People were protected from harm or abuse when staff were providing them with care. There were systems in place to manage incidents and staff were aware of reporting procedures if incidents occurred. Risks were assessed and suitable control measures put in place which still allowed people to maintain as much independence as possible. There were sufficient numbers of staff to ensure that people's needs were met and recruitment practices ensured that staff were of good character and suitable for their roles. Staff members were also able to help people with the administration of their medicines if required. Systems were in place to record when medicines were given and were regularly checked to ensure there were no errors.

Staff members received training to provide them with the skills they needed to perform their roles. This included induction and mandatory training, as well as additional courses which the provider sourced from a local college, to help develop staff knowledge and performance. Staff members were also provided with support and supervision sessions to allow them to discuss any concerns or comments they may have and to explore additional learning and development requirements.

The consent of people to their care and support arrangements was sought and staff took steps to ensure they were respectful of people's wishes. If people were unable to make decisions for themselves, the service had systems in place to ensure the principles of the Mental Capacity Act 2005 were followed. People were encouraged to prepare their own meals and drinks, but staff were able to provide support in this area if required. Similarly, they were able to support people to book and attend healthcare appointments as and when this was necessary.

There were positive relationships between people and members of staff. Staff treated people with kindness and compassion and took the time to get to know them and their interests whilst providing their care. The service had involved people in producing their care plans to ensure that care was going to be provided in the way they wanted it to be. In addition, people and their family members were provided with information about the service and what they could expect from them. Staff members were sensitive of the need to preserve people's dignity and respect at all times, and made sure they upheld their privacy when providing their care.

Care was person-centred and reflective of people's individual needs and wishes. The care plans had detailed information for staff, so they knew what to do on each care visit. These were regularly reviewed so that any changes in how people needed their care to be provided were recorded in the care plan. People were able to provide the service with feedback, including comments and complaints, and this was taken seriously by the service. There were systems in place to record feedback and this showed that appropriate action was taken in response to the feedback given.

There was a positive culture at the service. Staff members were motivated to perform their roles and felt well supported by the provider. The ethos of the service was clear and people were at the forefront of everything they did. There was clear management at the service and both people and staff felt that they were accessible and supportive when they needed them. Quality assurance systems were in place at the service, which allowed them to assess and monitor their performance and to identify areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of abuse and safeguarding principles, including recording and reporting concerns. They worked to protect people from abuse or improper treatment.

Risk assessments were in place to ensure care was provided in a safe way.

Staffing levels were sufficient to meet people's needs. Staff recruitment included background checks to ensure staff were suitable for their roles.

People were supported to take their medicines by members of staff. There were systems in place to ensure medicines were given and appropriate records were completed.

Is the service effective?

Good ●

The service was effective.

Staff members received training and supervision, to help provide them with the skills and support they needed to meet people's needs.

People were offered choice and staff made sure they sought consent before they provided them with care.

Nutritional and hydration needs and wishes were known by staff members and they worked to ensure that they were met.

Staff members supported people to book and attend appointments with healthcare professionals when necessary.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and members of staff. Staff treated people with kindness and compassion.

Care plans were in place and people had been involved in writing them. They had also been provided with information about the service and what they could expect from them.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care from the service. Their needs and wishes were recorded in care plans which staff used to ensure they provided individualised care.

Care plans were reviewed regularly with input from people and their family member's to help ensure they were accurate and up-to-date.

Complaints and comments from people and their families were welcomed by the service. They took action in response to these and used them to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and open culture at the service. The ethos was to put people first and ensure they received the care they needed.

The provider and management of the service were visible and easily accessible to people and members of staff.

Quality assurance procedures were in place to help drive improvements at the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 01 December 2016 and was announced. We gave the provider 48 hours' notice because they are a small domiciliary care provider and we had to be sure that someone would be available to meet with us. The inspection was carried out by an inspector and an expert by experience. An expert by experience is somebody who has experience of this type of service. They supported this inspection by making phone calls to people and their family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also reviewed other information we held about the service, including statutory notifications which the provider was obliged to send to us about certain incidents or events, such as safeguarding alerts or concerns. We also spoke with the local authority, as they have a commissioning and monitoring role with the service.

During the inspection we spoke with 10 people who received care from the service, as well as four of their relatives, to seek their views about the support that they received. We also spoke with the care manager and training and human resources manager, along with two members of care staff.

We reviewed the care plans for six people, to see if they were reflective of the care that people needed and received. We also reviewed the recruitment information for four members of staff, to ensure that staff were suitable for their roles and of good character. We looked at other documents, including training records and quality assurance processes, to review the systems in place for managing the service and driving quality.

Is the service safe?

Our findings

People told us that they felt safe when they received care from the service. They told us that staff were mindful of their safety and security and that they felt relaxed when staff were with them. One person said, "I feel safe with the carers I have." Another told us, "I trust my regular carers and know that they will keep me safe." People's relatives were also positive and felt that staff members ensured that people were kept safe.

Staff members told us that they worked to keep people safe. They explained that accidents and incidents were always recorded and reported to the office, so that these could be used to help keep people safe in the future. They also told us that they received safeguarding training which helped them to recognise potential abuse and report it appropriately. We saw in staff training records that safeguarding training took place on a regular basis, with refreshers carried out to maintain staff knowledge. One staff member told us, "People are safe and we have procedures in place to report abuse." Another said, "If people have been neglected or bullied or abused, you need to report it." We reviewed incident reports at the service and saw that the provider had taken appropriate action in response to them. The care manager explained that there had been no incidents where a safeguarding concern had to be raised, however; they told us that they were vigilant when reviewing incidents. We saw that there was a safeguarding policy in place and procedures were available to all staff, to enable them to report any concerns they had.

There were systems in place to assess risks to people and take necessary action to manage those risks. Staff members told us that risk assessments were kept in people's care plans, which were in their homes. They explained that these risk assessments contained information about the person and the potential harm which they could be exposed to. The care manager told us that these risk assessments were regularly reviewed, to ensure they were accurate and to see if they needed to be changed at all. We checked the risk assessments for people and saw that they were in place for areas such as falls, mobility and medication. We also saw that each person's home had an environmental risk assessment in place, to provide staff with guidance so that they could keep people and themselves safe during their visits.

The care manager also told us that there were general risk assessments in place for the service as a whole. We saw that environmental risks and specific risks, such as staff travelling, had been covered to help ensure staff and others were also safe from harm. The service also had a business continuity plan in place. This provided guidance on the action that should be taken in extreme circumstances, such as a high level of staff absence or problems with access to the main office. This ensured that people's care would receive the least disruption possible and that those at higher levels of risk would be prioritised.

People told us that staffing levels at the service were sufficient to meet their needs and that they benefited from seeing regular members of staff. People did say that, at times, staff were late due to problems with traffic, however; they had never missed a visit and that staff stayed for their allotted time. Staff members also told us that there was enough staff at the service to meet the current care requirements. One staff member said, "I think there's the right number of staff." The care manager and training manager showed us that they used an electronic scheduling system to allocate staff to people's care visits and this helped them to make sure that all calls were covered. They also told us that the service had not had to use

agency staff and reviewing rotas showed us that visits were covered using staff from the service.

There were robust procedures in place to recruit new staff. The training and human resources manager told us that all new staff were asked to complete an application form and the provider carried out background checks, including past employment references and Disclosure and Barring Service (DBS) criminal records checks. We saw that these were recorded in staff recruitment files, along with other paperwork associated with their recruitment.

People told us that members of staff helped them to take their medicines if necessary. They told us that staff made sure they got the right medicines at the right time and were able to sort out any issues or problems which came up. One person told us, "My regular carers are so good that [name of staff member] even picked up on the fact that there was an extra pill in the dosset box and went and sorted it out."

Staff members told us, and records confirmed, that they received training to ensure they were able to give people their medicines. They told us that staff from the office carried out observations to ensure they were competent at giving medicines and knew how to record when they did so accurately. Staff also told us that there was an additional external course on medication which was organised through a local college. This provided them with a greater understanding of the process for administering medicines, as well as the medicines themselves.

The care manager told us that they had implemented a number of checks and audits, to help improve the way medicines were managed by the service. They showed us that there was now a process to copy Medication Administration Record (MAR) charts, which were signed when medicines were given. These were analysed by the care manager for discrepancies or errors. Where errors had occurred, such as a missed signature, actions were taken to ensure people had been given their medicines and to ensure staff were aware of the importance to complete MAR charts fully. The MAR charts we looked at showed that medicines were signed for when they were given. We also saw that gaps had been fully explored and steps were taken, including potential disciplinary action, to prevent a repeat in the future.

Is the service effective?

Our findings

Staff members were provided with training and support to enable them to perform their roles. People told us that they felt staff were well trained and knew what they were doing when they came to provide them with care. One person told us, "I have three carers covering 24 hour care - they are the same ones and are very good and well trained." Another person said, "The carers are good at what they do for me, so they are trained well."

Staff members told us that they received the training they needed from the service. They explained that they received induction training when they started working at the service, which included mandatory training courses, such as safeguarding and manual handling. They also spent time shadowing experienced staff so that they could learn about their roles and get to know the people they would be caring for. One staff member told us, "I had an induction when I started, which helped me to learn the ropes." The Training and Human Resources Manager told us that new staff members received the Care Certificate as part of their induction training. This helped to ensure they had the essential skills they needed for their roles. Staff records confirmed that induction training took place.

There was also regular on-going training for staff members, including refresher sessions as well as new courses to help strengthen existing knowledge and to build new skills. Staff members told us, "[The Training and Human Resources Manager] is very good on staff training. All the training is up-to-date. I think it's good quality training." Another staff member said, "We re-new it [training] every year. We have the option of doing extra things via the college." The Training and Human Resources manager showed us that the service had an agreement with a local college, who supplied a number of additional distance learning training modules for staff to complete. This allowed them to develop a more detailed understanding of specific areas of care, such as medication administration. Records showed that staff training was up-to-date and that additional courses were completed, including vocational courses, such as Qualification Credit Framework (QCF) certificates in health and social care.

Staff members also told us that they received support from the service, in the form of regular supervisions. These were a mixture of one-to-one sessions and spot checks, which took place during care visits. They explained that the registered manager had recently made these sessions more formalised, which staff felt meant that they got more back from them and allowed them to be more effective in their roles. For example, they told us that during spot checks they discussed health and safety, including fire safety arrangements, for people's homes. This gave them the opportunity to discuss any issues with this and gave them increased confidence that they would know what to do in the event of an emergency. We saw records which showed that regular supervisions and spot checks were taking place for staff members.

People's consent to their care and support was sought by members of staff. Choices were offered to people and the decisions they made were respected by members of staff. One person told us, "I am happy with them. I can ask for things and they will help me." Staff members told us that they always gave people choices about their care and support and we saw that care plans documented that people's consent had been sought. One staff member said, "People can make their own choices, I always ask for consent." We

checked people's care plans and saw that their consent had been sought and recorded within them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that there were systems in place to ensure they were. MCA assessments were carried out when required and staff were knowledgeable about the need to act in people's best interests.

Staff supported people with their nutritional and hydration needs. People told us that staff encouraged them to be as independent as possible in this area, however; they were willing to provide support when this was needed. One person told us, "I usually cook the food and they support me and help me to manage it." Another person said, "They cook food from fresh always and they are good cooks."

Staff members explained that, where possible, they encouraged people to prepare their own food, but were happy to help when it was needed. They explained that they were aware of people's usual preferences and offered them with choices about what they had to eat and drink, and also encouraged people to have a nutritious and balanced diet. One staff member told us, "You ask people what they would like to have." Another staff member said, "You look to make sure they have a well-balanced meal with plenty of nutrition." Care plans showed that people's preferences were recorded, as well as details of the usual support that they needed at mealtimes. Staff worked to make sure people's nutritional needs were being met.

The service was able to support people to book and attend health appointments if required. People told us that they were able to call upon the support of their family members for support in this area, however; if this was not possible, staff members would be able to help them. One person said, "If I need a carer to come with me (to appointments), then the agency (provider) will sort it out for me." People's family member's also told us that the service were able to support people with health appointments. One relative said, "If there is a problem, they would call the office and the office would arrange for the doctor or ambulance."

Staff members confirmed that they were able to provide people with support with health appointments when necessary. They explained that this was often based on people's preferences but would ensure their wishes were followed. Records showed that people's health needs were in their care plans, along with details of healthcare professionals, such as GP's, dieticians and district nurses. There was clear information for staff to refer to, which helped them to ensure that people's health needs were being met.

Is the service caring?

Our findings

People were treated with kindness and compassion by members of staff. One person told us, "I like my regular carers, they know who I am and I know them and it works well." Another person told us, "Without a doubt they are lovely, I like them." A third person said, "I love my carers." People told us that they saw regular staff members, which helped them to build strong relationships and understanding. People went on to explain that as staff were able to get to know them, they got to know the areas where they needed support, and areas where they were able to do things for themselves.

Relatives were also positive about the impact that staff members had on people's care and welfare. One relative told us, "The carers are very good with [person's name]. They are trained and know what to do and they are never rushing." They told us that staff treated their family members with kindness and had developed positive relationships with them. This helped to give them peace of mind and left them feeling confident that their family members' needs were being met.

People told us that staff were able to spend time with them, relaxing or having a cup of tea. One person told us, "They do spend time chatting with me and I have lots of pictures up about what I have done and they talk to me about that." Another said, "I never feel rushed, I need to take things slowly and [staff member's name] knows that and will stay a bit longer if it takes a bit longer." They explained that they were never made to feel rushed or that they were an inconvenience to the staff. They told us that they were made to feel at ease when staff were providing them with care, which helped them to feel comfortable with having members of staff come to their home.

Staff members told us that they enjoyed working with people and supporting them to lead as independent a life as possible. They explained that helping people was the driving force behind why they worked for the service and they enjoyed spending time with people and getting to know them. Staff members were committed to ensuring people's needs were met whilst strong relationships were developed with them. One staff member told us, "Talking to a person, it's all part of caring." Another said, "It's important to have a good relationship with people."

People told us that they had been involved in planning their care and support, and had been provided with the information they needed about the service. One person told us, "I have a care plan and I can ask for it to change if I need to." Staff members told us that they were aware of the people's care plans and regularly referred to them, to ensure they delivered people's care correctly. One staff member said, "Care plans are in folders in people's homes. You check them to make sure you get things right for people."

The care manager told us that care plans were developed with people and their family members, to help put them in charge of the delivery of their own care. People's care plans showed that they had been involved and that their opinions were an important part of the care planning process. They also showed us that people and their families were provided with information about the care they could expect to receive from the service. This included a guide to the service, which contained useful information, including contact details and the complaints procedure.

Staff members treated people with dignity and respect. People told us that staff were sensitive to the need to uphold their privacy and took steps to ensure they were not embarrassed or made to feel uncomfortable whilst providing them with care. One person told us, "Oh yes, they always treat me just right."

Staff members told us that they took steps to ensure people's dignity was maintained when they were carrying out care tasks, such as supporting people with personal care. One staff member told us, "I tend to treat people as if they were my own family. You treat people with respect and you treat their home as if it's your own." Staff members also explained that they always took care to speak to people as they wished to be spoken to, and felt it was very important to ensure people's homes were treated as if it were their own home. This meant that they were careful with people's belongings and were respectful of the way people liked their home to be.

The care manager told us that staff members received dignity training and that the provider had policies around dignity and respect, which staff were expected to adhere to. We saw that this documentation was in place, as well as evidence that staff had been trained in this area.

Is the service responsive?

Our findings

People were provided with personalised care which was tailored to meet their specific needs and wishes. They told us that staff members were aware of the care that they needed during each visit, as well as what they were able to do for themselves. People explained that care plans were in place to provide staff with guidance about their care and support needs and that these documents were regularly reviewed, to make sure that the content was still accurate and reflective of their current wishes. One person told us, "I have a review every year, or maybe every six months and if things change in between I talk to them too." Another person said, "I do have a review but they will also review if there are changes in equipment for example."

Relatives told us that they had been involved in writing people's care plans, which helped to ensure the content of them was correct and an accurate reflection of people's individual needs and wishes. They were also involved in reviews and were able to support their family members in arranging and taking part in reviews with staff from the office. One relative told us, "We had one occasion where we asked for a review because of a change in wheelchairs and they did that for us."

People told us that they were happy with the care planning process and that they felt their views were taken seriously by the service. They explained that their preferences were listened to and that their care and support arrangements were amended, to ensure they were respected. One person told us, "I asked for the same carer and a male carer and that is what they have provided."

Staff members told us that care plans were useful and provided them with the ability to cross reference the care they were providing with the agreed package for each person. They told us that this meant that they could check and ensure they were meeting people's needs and reduced the risk of them deskilling people, by providing them with support when it was not required. One staff member told us, "The care plans are very helpful. I check it during visits to make sure I am doing the right thing. We can also report back to the office if we think the care plan needs to be updated."

The care manager showed us that people's care plans were in place, with a copy being in the office and in the person's home. They contained information about the person and the specific care that was required during each visit by staff. This information was initially collected during an assessment, where the provider analysed the individual needs and wishes of people and made sure they would be able to meet them before commencing a care package. They also showed that people had been involved in planning and reviewing their care and that they were happy with the content of their care plans.

The service was receptive to feedback from people and had systems in place to deal with comments or complaints from people and their relatives. People told us that were able to raise any concerns they had with the service and were confident that action would be taken, to ensure their concerns were addressed. One person told us, "They are good at dealing with things - if we didn't like a carer they wouldn't send him or her again." Another person told us, "I've never had to complain but they are good at resolving issues."

Staff members told us that complaints or comments from people were welcomed, as this helped the service

to learn and improve. The care manager showed us that there was a system in place to record all the feedback that they received from people or their relatives, including informal complaints. These were collected and a log was completed, so that they could easily track the nature of the comments that they received, which helped them to identify patterns or trends. The records and log showed that few complaints had been received, but also showed that the service had taken appropriate action in response to the information that they did receive.

Is the service well-led?

Our findings

There was a positive and open culture at the service. People were happy with the service that they received and the impact that members of staff had on their lives. Relatives were also pleased with the care that their family members' received, and the staff that provided it.

Staff members were motivated to perform their roles and meet people's needs. They told us that they felt they were an important part of the organisation and worked hard to ensure that people received the care that they needed. Staff felt well supported by the provider, which in turn helped them to work effectively and deliver the care and support that people required. One staff member told us, "It's the best company I have ever worked for. We are well supported and that helps to motivate you to go out and provide good care."

Staff members also told us that they were happy with the ethos of the organisation. They explained that the provider and management put the people they cared for first and wanted to make sure they got the care and support they needed. Staff told us that they were able to give people extra time during their visits if that was needed if their circumstances changed, and they made sure that any subsequent visits were informed and cover arranged if necessary. One staff member said, "They aren't a huge company, which means they can give more time to their clients. They are very client focused."

The welfare of the people they cared for was a top priority for staff members. They explained that they were aware of safeguarding procedures and were also prepared to report any concerns externally, if they did not feel that the provider had taken appropriate action in response to any concerns they raised. One staff member said, "I know about whistleblowing. I haven't had to do it, but I would in an instant if I had any concerns."

People told us that they found the management of the service were approachable and willing to help if they had any problems or concerns. They said that the provider, as well as the registered manager, care manager and human resources and training manager were well known to them and easy to get hold of by telephone if they ever needed to. They also told us that they were involved in reviewing care and often visited them in their homes to make sure that they were happy with their care. One person said, "If I had a problem I would go straight to [the provider] and it would be sorted out." Another person told us, "The manager came round recently after a change of staff and checked everything."

Staff members told us that they felt well supported by the provider, particularly from the office staff who were always available if they needed any advice or support, in person or by telephone. One staff member told us, "If there is any problem you can just phone in." Another told us, "They are very supportive, and you can call or go and see them. They listen to you and work out a solution to any issues."

The provider had introduced a number of quality assurance processes to help them monitor the quality of care which was being provided. Staff members told us that they were aware of a number of these changes and felt that they were a positive step for the service. For example, staff members told us that spot checks were carried out on some of their care visits. The format for these spot checks had been modified and was

now more comprehensive, including an exercise where they looked at the health and safety arrangements at people's homes. This helped them to stay on their toes and ensure they were providing care correctly, and helped them to identify issues at people's homes.

The care manager showed us that a range of checks and audits were carried out, including a medication and care plan audit. We saw that where these checks had raised areas in need of improvement, the management had introduced action plans which clearly identified how they would be put right. It was clear that the systems which were in place for the monitoring and assessment of the service were used to help drive improvements in the way the service was run.

We also saw that a satisfaction survey had been sent out to people, and that the returned forms had been recently collated. The care manager explained that they had not yet had a chance to review and analyse the results, however; this would take place in the near future. They also told us that they were going to discuss the format of the survey with the provider, to see if they could make it more user-friendly to complete. We saw that the results from the previous survey, completed last year, were on display in the office and had been used to identify areas for improvement at the service.